

**PAYMENT-IN-LIEU CERTIFICATION FROM OWNER**

Business Name \_\_\_\_\_ Project \_\_\_\_\_  
 Address \_\_\_\_\_ Parcel \_\_\_\_\_ Code \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Tenure at Displacement Location \_\_\_\_\_

Is business part of a commercial enterprise having more than three other entities which are under the same ownership and engaged in the same or similar business activities which are not being acquired by the State? ☐ YES ☐ NO

**Income Information**

This business realized the following average annual income for the two years preceding displacement by this project:

Year _____	Gross Receipts \$ _____	Net Earnings \$ _____
Year _____	Gross Receipts \$ _____	Net Earnings \$ _____
Two Year Total \$ _____		Two Year Total \$ _____
divided by 2		divided by 2
Avg. Annual Receipts \$ _____	Avg. Annual Earnings _____	

Only complete the following personal income information **if both** the Average Annual Gross Receipts are less than \$5,000 **and** the Average Annual Net Earnings are less than NOTE: \$1,000.

During these same years I personally realized the following average annual gross income from all sources:

Year _____	Gross Personal Income \$ _____
Year _____	Gross Personal Income \$ _____
Two Year Total \$ _____	
divided by 2	
Personal Avg. Annual Gross \$ _____	

**Certification**

Copies of federal income tax returns for the business for these two years are attached as documentation of the above. Copies of personal income tax returns are also attached, if applicable. The Federal IRS or a Certified Public Accountant has certified all copies as true and accurate.

I certify that all information completed on this form and provided in the attached federal income tax returns is true and accurate to the best of my knowledge. I grant the right of the State of Indiana to review the records and accounts of the business for the periods indicated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Operator